Mental Examinations in Institutions for Children

By

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DURING the past year, the staff of the Bureau of Mental Health has been able to hold clinics and make mental examinations in five children's institutions, in five different sections of the Commonwealth. Fifty-three children were in this group that was examined. These examinations were requested for children who seemed subnormal, or were behaviour problems of some sort. The request for the clinic at the institution was generally made by a member of the board, the social worker responsible for the admissions, or, if made directly by the superintendent, it was at the suggestion of the field representative from the Bureau of Children.

Some facts and observations gained from these examinations should be of interest to child-caring institutions and to the workers supervising such institutions.

First of all, it may be said that superintendents on the whole are not well able to select the subnormal child, either because of lack of psychological training, lack of perspective, or a faulty conception of what constitutes mental defect, and the purpose of the examination. In one instance, where a board member had asked for the clinic, the superintendent could select only three for whom a mental examination was considered necessary. The Field Representative then, on the basis of school achievement (for there was no other record available), selected seven others, so that in all ten children from that institution were examined. Of the ten, seven proved to be mentally defective, and three were borderline or dull normal. In a second institution, where the social worker had asked for the examination, the superintendent said she had only two boys who belonged in the group in question, but finally, she did bring out a third one, not to be examined, whose sister, examined in the girl's division, had been very low grade. After the examinations were over all the boys of the institution were assembled to sing for the clinic staff who during the concert picked out at least eight other very obvious defectives. When this was told to the social worker, she said there were at least twenty there. In a third institution, the superintendent had selected eight boys for examination. When asked if there were no girls in the institution who were below normal, he at first said there were not. Then he reconsidered and said there was one girl he might bring in but she was not very bad. Of the nine, she had the second lowest rating, was definitely defective, and would always be a greater risk in

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the institution or in placement than a boy. But because she was docile, the type that "stays put," and had caused no trouble, the degree of subnormality had escaped notice.

Each institution made a show at least of keeping some records and had in each child's folder the *Child's Record* as prescribed by the Bureau of Children of the Department of Welfare. While this type of form is a mere skeleton of information that should be obtained for the purpose of a record that should give a clear picture of what the institution does for the child and should keep an account of the development and behavior of the child in the institution, at the same time if even the facts asked for in this standard type of blank were recorded, a fairly good picture of the child could be obtained. The information on this sheet was in every instance most meagre. Generally it consisted only of the name of the child, the date of admission, the age or date of birth. Occasionally, even this was missing. Of the fifty-three children the date of birth was not given for three, and for six it was uncertain, that is, the day of the month, or perhaps the month was not given. In twelve records there was no information regarding the names of the parents. In one record, the name of the father was not mentioned, and in two the name of the mother was omitted. In twenty-one records the only facts available besides the name of the child were the names of the parents, and perhaps the statement that one or both of the parents were dead, and the cause of the death. The histories that had such additional facts as that the father was in an institution, or that the mother was insane, or that the family had previously lived in another state and the children had been in a Home there, were noticeable because they were so few.

This could be remedied with no great amount of trouble. The admitting institutions should insist on a certain amount of identifying information, and probation officers, directors of the poor, and other committing agencies would soon learn the necessity for more information than they now furnish. Dates of birth, with some identifying information, can be secured or verified at the Bureau of Vital Statistics. Nearly every child has some relative who visits him occasionally, and an interview with this relative at the time of the visit would probably supply many facts missing from the record. When a child or a member of his family has been in another institution or has been under the supervision of some agency, it is no trouble at all to write for that record.

The Bureau of Mental Health, to complete its own records after these clinics, has in each instance written to any agency or institution mentioned in the history. Letters have been sent to the State Industrial Home, five mental hospitals, two county homes, a training school, an orphanage, a Red Cross Chapter in another state, and a children's institution in another state. In each instance, much additional information has been secured about the family background, and in a few instances valuable information about the children themselves was ob-

tained, which will enable us to return two children to the state from which they came.

The cases of a brother and sister, Joseph and Annie, will illustrate the value of securing every possible bit of information that can be gained. These two children were not very bright, and were great problems in the institution. They could not fit into the discipline of the place, they were dirty, did not soon learn habits of cleanliness, and stole food, money, candy, etc., whenever they got a chance. Their psychometric test did reveal borderline intelligence and there were some physical defects, but the explanation of their conduct came largely from information secured from other sources than the institution. The institution record contained the statement that the children had been sent from the County Home, so the County Home was written to. The superintendent of the Home gave some information, and suggested that we write the Director of the Poor who had been interested in sending the children there for temporary care. His letter also contained the statement that the mother was in the Mental Hospital of the County, so the next letter went to the County Hospital. From these three sources we got the following picture of the family: The parents were born in Russia. The mother was a manic-depressive, and had three previous attacks of mental illness before she was committed to the County Hospital. The father had lost both legs in a railroad accident that was his own fault, and walked on knee-pads. He had begged around the city, and had been sent to jail for non-support, because he spent his money for "moonshine" and allowed his wife (insane as she was) to look out for herself and the children. The wife was then sent to the hospital, and the children to the County Home, pending admission to the orphanage. The man was later sent to the County Home, but was making every effort to get out as he claimed he could make a better living begging than he got at the County Home.

It is no wonder that children raised in a home of low foreign standards with an insane mother who could not give them proper care, neglected by the useless father, running wild, destitute part of the time, living by their wits, and obliged to steal almost everything they got, should not conform easily to the high standards and discipline of the institution. These habits had been established in them over a period of years, and it was not to be expected that they could be eradicated in a few months.

No record contained anything about the development of the child, his school progress, or even a summary of his behavior in the institution. His interests, his likes and dislikes, and the opinions of the various officers about the child were never covered. Yet this is the information that is most necessary to deal with the child either in the institution or in placement, or to enable the psychiatrist to form any estimate of his mental condition and capabilities and to prescribe corrective measures.

The keeping of the records should be considered from some other

viewpoint than that of a mère clerical job, done at odd moments. Certainly each large congregate institution (and we shall continue to have them for some time) should have some one person in charge of them, with some psychiatric knowledge if possible. The workers supervising the institutions and the installation of records should be able to explain in detail the type of information that is important, including the identifying information. If they have not had psychiatric social work training, this part of the work could be done in cooperation with the psychiatric workers.

Each folder contained also the *Physical Record,* also prescribed by the Bureau of Children, and each child was supposed to have had at the time of admission or during his stay in the institution a physical examination. These physical examinations were on a level with the history recorded for the child. The physical defects found among these fifty-three children at the Mental Health Clinic, and not recorded on the blank, were appalling, both in number and degree. Of only *one* child was it stated from the clinic that there were no physical defects requiring correction. In one institution, the superintendent proudly stated that only one girl needed glasses, and yet, of eight girls examined at the clinic at that institution, four had defective vision!

We give the physical findings in a number of instances:

1. Spinal curvature—posture defect.
   Ragged, cryptic tonsils.
   Irregular, neglected, dirty teeth.
2. Undernourished—stooped posture.
   Visual defect.
   Large cryptic tonsils—adenoids.
   Neglected, carious teeth.
   Right otitis media, chronic, perforated ear drum.
3. Visual defect.
   Hypertrophied tonsils — adenoids — mouth breathing — retracted ear drums.
   Phimosis and adherent prepuee.
   Neglected teeth.
4. Faulty posture.
   Speech defect.
   Visual defect and blepharitis.
   Mucopurulent nasal discharge (Sinis?).
   Dental neglect and malformation.
   Hyperthyroidism.

The teeth of these children were really in very bad condition. Record after record reads:

Irregular, dirty, neglected teeth.
Neglected, carious teeth.
Dental neglect, beginning pyorrhea.
Dental neglect and decay.

Carious teeth.
Dental neglect, malformation.
Dental neglect, decay, and pyorrhea.
Eroded teeth.
Dental neglect, tartar, and gingivitis.

In some instances the recommendations had to include the furnishing of toothbrush and toothpaste to the child.

In these 53 children were the following defects:

Neglected, carious, and dirty teeth	40
Posture defect, habit	35
Visual defect	25
Tonsils, hypertrophied, cryptic, or diseased	24
Speech defect, including stammering	14
Adenoids, hypertrophied	11
Wax obstructing one or both ears	11
Phimosis	7
Enuresis	7
Defective hearing, organic	6
Redundant foreskin	5
Chronic otitis media, purulent	5
Strabismus, internal	4
Nasal obstruction other than adenoids	4
Retracted eardrums	4
Mouth breathing, habit, persisting after adenoids are out	4
Adherent prepuce	4
Infected nose and throat	3
Enlarged cervical glands	3
Congenital lues	3
Incipient tuberculosis	3
Lues suspected	2
Undescended testes	2
Blepharitis	1
Hyperphoria	1
Mucopurulent nasal discharge (Sinus?)	1
Ulcerative stomatitis (requiring isolation)	1
Enlarged thyroid, simple goiter	1
Hyperthyroidism	1
Left inguinal hernia	1
Deformity of left hip, congenital	1
Deformity of right foot, due to accident	1
Bilateral flatfoot, extreme degree	1
Constipation, extreme degree	1
Chorea, acute	1
Anemia	1
Malnutrition	5
Acrocyanosis	1

Each of the above conditions was sufficiently marked to represent a real handicap to the child. In addition, numerous minor degrees of such things as posture, constipation, flatfoot, etc., were not recorded because they seemed to be on the way to correction and presented no handicap to the child.

Of the 53 children examined, 31 were definitely feeble-minded. Most of them were of moron grade, but a few were imbeciles or ever high-grade idiots. Fifteen were borderline or dull normal, two were psychopathic (also of borderline intelligence), and only four belonged in the group of average intelligence. As practically no dependent feeble-minded child should be allowed to go out into the community from the child-caring institution when he is of age, and will have no supervision, 23 were recommended for care and training at a State School. The others, most of whom are either quite young or of a type that is trainable with normal children, are being allowed to stay on in the institutions under the supervision of the Bureau of Mental Health until such time as commitment becomes necessary. One child from another state was recommended for return to her own state as she, being a resident of another state, could not be cared for in a Pennsylvania State School. A little girl, who was psychopathic, was recommended for observation in the children's ward of the Allentown State Hospital, and the other child of that type was recommended for individual care in a family rather than in a congregate institution.

Some recommendations were of an educational nature. These included speech training, manual training, domestic science, special class training, and individual attention to arouse interest and concentration. In addition to the recommendations for the correction of physical defects, others were for posture training, general hygiene and diet, habit training, training for enuresis, reëxamination, and psychotherapy.

Recommendations for the correction of physical defects and for commitment to institutions are comparatively easy to carry out. In the field of providing proper educational facilities the institutions have a great opportunity and a great responsibility which have never yet been adequately met. The most difficult recommendations for an institution to follow are those made in the cases of behavior problems who need habit training and psychiatric understanding. These children, especially in a large congregate institution where the life is so far from normal, should have the advantage of care by at least one person who has some training in psychiatric social work and some understanding of these problems.

These institutions of different types in different sections of the Commonwealth probably are typical of the other child-caring institutions and their policies and problems. On the basis of the work done at these institutions, the following improvements seem necessary:

I. At the time of admission, each child should be given a mental examination and no extremely low-grade child or one who is obviously defective should be admitted for care with normal children. More

adequate information should be demanded for each child on admission from the agency asking for the admission. The physical examinations should be more adequate and thorough and remediable defects should be corrected as soon after admission as possible.

II. When the child has been accepted, proper educational facilities should be provided for him, and his health should continue to be a matter of care and of supervision. Records should be kept of his progress in the institution, which will give to any one interested a complete account of what was done for the child, what his progress has been, and what type of child he is.